

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33251

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 386

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau, Mo.</u>		c. LENGTH OF STAY (in this place) <u>34 yr.</u>	c. CITY OR TOWN <u>Cape Girardeau</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS <u>919 S Pacific</u>		(If rural, give location) <u>01670</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Wesley</u>	c. (Last) <u>King</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Oct 25 1954</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 21 1920</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>4</u>	IF UNDER 10 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Filling Station</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Filling Station</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Henry King</u>	13b. MOTHER'S MAIDEN NAME <u>Unis Mc Clard</u>	14. NAME OF HUSBAND OR WIFE <u>Lucille King</u>	<u>Cape</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>War 21</u>	16. SOCIAL SECURITY NO. <u>490-10-8118</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lucille King</u>	ADDRESS <u>Cape Girardeau</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral (subarachnoid) hemorrhage.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Oct 24, 1954, to Oct 25, 1954, that I last saw the deceased alive on Oct 25, 1954, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Crowe</u>	(Degree or title) <u>MD.</u>	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>Oct 26, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 27 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-27-54</u>	REGISTRAR'S SIGNATURE <u>W. H. Ector</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Ector</u>	ADDRESS <u>Cape Gir</u>
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *R. H. EOTER*.....

Licensed Embalmer No. *35*

P. O. Address *Cape 2*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.